## COBRA Monthly Rates (effective July 1, 2013)

QUALITY CARE HEALTH PLAN (Carrier Code D3) Member Only Member Plus 1 Non Medicare Dependent Member Plus 2 or More Dependents Member Plus 1 Medicare Primary Dependent Member Plus 2 or More Medicare Primary Dependents	Total \$ 912.19 \$1,852.59 \$2,197.92 \$1,333.85 \$2,197.92	Member Only Member Plus 1 Non Medicare Dependent Member Plus 2 or More Dependents Member Plus 1 Medicare Primary Dependent Member Plus 2 or More Medicare Primary Dependents	Total \$ 689.72 \$1,271.27 \$1,672.78 \$1,101.84 \$1,672.78
HEALTH ALLIANCE HMO (Carrier Code AH)	<u>Total</u>	BLUEADVANTAGE (Carrier Code CI)	
Member Only Member Plus 1 Non Medicare Dependent Member Plus 2 or More Dependents Member Plus 1 Medicare Primary Dependent Member Plus 2 or More Medicare Primary Dependents	\$ 685.85 \$1,262.25 \$1,692.22 \$1,093.60 \$1,692.22	Member Only Member Plus 1 Non Medicare Dependent Member Plus 2 or More Dependents Member Plus 1 Medicare Primary Dependent Member Plus 2 or More Medicare Primary Dependents	Total \$ 599.54 \$1,103.42 \$1,481.59 \$ 951.19 \$1,481.59
Member Only Member Plus 1 Non Medicare Dependent Member Plus 2 or More Dependents Member Plus 1 Medicare Primary Dependent Member Plus 2 or More Medicare Primary Dependents	Total \$ 810.45 \$1,493.40 \$1,967.36 \$1,301.05 \$1,967.36	QUALITY CARE DENTAL PLAN  Member Only Member Plus 1 Dependent Member Plus 2 or More Dependents	<b>Total</b> \$ 34.46 \$ 68.77 \$100.80
HMO ILLINOIS (Carrier Code BY)  Member Only Member Plus 1 Non Medicare Dependent Member Plus 2 or More Dependents Member Plus 1 Medicare Primary Dependent Member Plus 2 or More Medicare Primary Dependents	Total \$ 627.08 \$1,154.11 \$1,548.81 \$ 996.64 \$1,548.81		
COVENTRY HEALTH CARE HMO (Carrier Code AS)  Member Only Member Plus 1 Non Medicare Dependent Member Plus 2 or More Dependents Member Plus 1 Medicare Primary Dependent Member Plus 2 or More Medicare Primary Dependents	Total \$ 653.39 \$1,202.52 \$1,613.03 \$1,040.05 \$1,613.03		